12207

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Air Rural — LENGTH OF STAY (In this place): 3 mths
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Harford County Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aberdeen
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) (Last) Bowles
4. DATE OF DEATH: (Month) Dec (Day) 24 (Year) 1951

5. SEX: male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: unknown
9. AGE last birthday: 60 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Self employed
11. BIRTHPLACE (State or foreign country): unknown
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT AND ADDRESS: Harford County Home - Bel Air Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chr. Cardio-vascular Disease — >

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1951, to Dec 24, 1951, that I last saw the deceased alive on Dec 20, 1951, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Willard P. Hudson, M.D. — ADDRESS: Forest Hill Md — DATE SIGNED: 12-24-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Dec. 27th 1951 — NAME OF CEMETERY OR CREMATORY: Harford Co Cemetery — LOCATION (City, town, or county) (State): Bel Air Maryland

DATE REC'D BY LOCAL REG.: 12-26-51 — REGISTRAR'S SIGNATURE: Lucilla Forwood — 24. FUNERAL DIRECTOR: Henry Tarring and Sons Aberdeen Maryland — ADDRESS:

970-VIV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A11

RECEIVED
JAN 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

12208

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Harford. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
LENGTH OF STAY (in this place) 28 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS USAH, APG, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Missouri COUNTY St Louis
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Louis, Mo.
STREET ADDRESS (If rural, give location) 4734 Bonita Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Doris	B	Cassady	December	3	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	Married	28 Oct 1913	38 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife		St Louis, Missouri	USA.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry O Remspecher.	Genevieve Ryan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	not known.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Metastatic carcinoma of the breast	22 months
170X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)	none	
50 (c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypostatic Pneumonia

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	none	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 30 Nov, 1951, to 3 Dec, 1951, that I last saw the deceased alive on 3 Dec, 1951, and that death occurred at 0930 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
DC Hemler, 1st Lt, MC		USAH, APG, Md.	3 Dec 51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	Dec 4/1951	Kerrins Funeral Home	East St Louis Ill.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 8-1951	Nellie R. Perry	Howard L. McComas & Son	Abingdon Maryland

RECEIVED
DEC 12 1951
BUREAU V. S.

Item 18 Film G139 1-17-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12209

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN APG
LENGTH OF STAY (in this place) 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS USAHOSA, APG, Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location) 72 Swan St.

3. NAME OF DECEASED (Type or Print) (First) Alan (Middle) D. (Last) Driver

4. DATE OF DEATH (Month) 12 (Day) 19 (Year) 1951

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 12 Dec. 50
9. AGE last birthday 1 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) USAH, APG, Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Rayford Driver
14. MOTHER'S MAIDEN NAME Lois Brantley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Rayford Driver - Father - 72 Swan St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Meningitis, pneumococcus Type 18. (1-17-52 ams)

340.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

81a (c)

INTERVAL BETWEEN ONSET AND DEATH: 3 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Anemia

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 17 Dec, 1951, to 19 Dec, 1951, that I last saw the deceased alive on 19 Dec., 1951, and that death occurred at 1315 hrs., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Emanuel D Brodsky Lt Mc, USAH, APG, Md 19 Dec 51

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF Dec. 20-1951
NAME OF CEMETERY OR CREMATORY Middlesex Cemetery
LOCATION (City, town, or county) (State) Spring Hope, Nash Co. N.C.

DATE REC'D BY LOCAL REG. Dec. 20 - 1951
REGISTRAR'S SIGNATURE Nellie K. Perry
24. FUNERAL DIRECTOR Henry Farring and Sons ADDRESS Aberdeen Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
DEC 26 1951
BUREAU V. S.

12210

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 18 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen | LENGTH OF STAY (In this place) Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Lillian (Middle) May (Last) Dubree

4. DATE OF DEATH: (Month) Dec. (Day) 2, (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~ (Specify): Widow

8. DATE OF BIRTH: May 29 1889

9. AGE last birthday: 62 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Harford Co, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Wm. Robert Mitchel

14. MOTHER'S MAIDEN NAME: Hanna E. Lamson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: No

17. INFORMANT AND ADDRESS: Mr. Wilson Dubree Aberdeen, Md. R.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	2 wks.
447X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Hypertensive Arteriosclerotic Disease	6 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1947, to Dec. 7, 1951, that I last saw the deceased alive on Nov. 29, 1951, and that death occurred at 7 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Malcolm Dudley Phillips MD | Darlington Md | 12-4-51

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)
Burial | Dec 5, 1951 | Rock Run Cem | Harford Co, Md.

DATE REC'D BY LOCAL REG. Dec. 4, 1951 | REGISTRAR'S SIGNATURE Bertha B. Knight

24. FUNERAL DIRECTOR | ADDRESS
H. S. Bailey | Darlington, Md.

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DEC 13 1961
BUREAU V. S.

12211

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jarrettsville
LENGTH OF STAY (in this place) 38 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jarrettsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Edward (Last) Ellis

4. DATE OF DEATH (Month) December (Day) 12, (Year) 1951

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH Mar. 12, 1882

9. AGE last birthday 69 yrs. If under 1 year: Months 9 Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Laborer

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Prospect, Harford Co. Md

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Wm Henry Ellis

14. MOTHER'S MAIDEN NAME Alice R. White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) m (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 212-18-4084

17. INFORMANT AND ADDRESS Henry K. Ellis, Forest Hill, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
334X	Immediate cause	(a) Bronchopneumonia, Terminal	2 days
107	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
		(c) Cerebral Arteriosclerosis	Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/27, 1951, to 12/12, 1951, that I last saw the deceased alive on 12/12, 1951, and that death occurred at 8 p.m., from the causes and on the date stated above.

SIGNATURE Robert Barthet (Degree or title) M.D. ADDRESS Forest Hill, Maryland DATE SIGNED Dec. 14, 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Dec. 15, 1951

NAME OF CEMETERY OR CREMATORY Wm Watters Memorial

LOCATION (City, town, or county) (State) Cooptown, Harford Co. Md

DATE REC'D BY LOCAL REG. 12-14-51

REGISTRAR'S SIGNATURE Priscilla Forwood

24. FUNERAL DIRECTOR Martin G. Kurtz, Jarrettsville, Md ADDRESS

970-VVV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 19 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Edgewood Arsenal

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1602 St. Paul Street

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) F (Last) Fick

4. DATE OF DEATH (Month) (Day) (Year) December 21 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH July 17, 1890
9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inspector of Materials
10b. KIND OF BUSINESS OR INDUSTRY Army Base
11. BIRTHPLACE (State or foreign country) Baltimore Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles F. Fick Sr.
14. MOTHER'S MAIDEN NAME Mattie Ahl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Miss F. Marion Fick 118 E. 33rd St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion

4 x 1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

24a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Fred M. Palmer M.D. Deputy Medical Examiner Harford Co. Bel Air Md. 12/21/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec 24/51
NAME OF CEMETERY OR CREMATORY Baltimore Cemetery
LOCATION (City, town, or county) (State) Baltimore Maryland

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE
DEC 23 1951 Huntington Williams M.D. A. W. Hedrick
24. FUNERAL DIRECTOR ADDRESS Loring Byers 5005 Park Heights Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 27 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE de GRACE
LENGTH OF STAY (in this place) 33 HRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD MEMORIAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL Rising Sun
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) E (Last) FRAZIER
4. DATE OF DEATH (Month) (Day) (Year) DECEMBER 12 1951
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH November 30 1950
9. AGE last birthday 1 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William R FRAZIER
14. MOTHER'S MAIDEN NAME Rosemary Haggett
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS William A. Frazier

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Bronchial Pneumonia bilateral	48 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Nutritional Anemia Hgb 29%	P
	(c)	

4 41X
107

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Anemia 29%

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

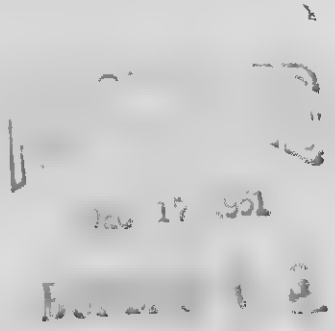
21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 11, 1951, to Dec 12, 1951, that I last saw the deceased alive on Dec. 12, 1951, and that death occurred at 11:50 P.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Port Deposit, Md. DATE SIGNED 12-13-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12/14/51
NAME OF CEMETERY OR CREMATORY Conowingo
LOCATION (City, town, or county) (State) Cecil County Md

DATE REC'D BY LOCAL REG. Dec. 13-51
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR Ralph M Reed, Rising Sun, Md. ADDRESS



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air
LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Abingdon
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) (Last) Gillease

4. DATE OF DEATH: (Month) Dec (Day) 4 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: — 1878
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Harford Co Md
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Michael Gilliase
14. MOTHER'S MAIDEN NAME: Rosia Dunigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Michael Gilliase, Baltimore Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH ?

151X DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

46b (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Epithelioma of skin over Mastoid — Arteriosclerosis — 4 mos.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1951, to Dec 4, 1951, that I last saw the deceased alive on Nov 28, 1951, and that death occurred at 4:00 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Willard P. Hudson, M.D. Forest Hill Md 12-4-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Dec. 7, 1951
NAME OF CEMETERY OR CREMATORY St Francis
LOCATION (City, town, or county) (State) Abingdon Harford Md

DATE REC'D BY LOCAL REG. 12/6/51
REGISTRAR'S SIGNATURE Priscilla Fourwood
24. FUNERAL DIRECTOR Howard K. McConnas & Son ADDRESS
10-15 Abingdon Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

Items 8,9 FilmG137 1/7/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace, Md. | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen, Md.
STREET ADDRESS (If rural, give location) R.F.D. #1

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ella	Jane	Hamby	12	10	1957

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	Married	Feb 26 1880	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	Home	Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Swartz	Mary Jane Matthews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		John Hamby aberdeen md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Failure

260X 61 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension, arteriosclerotic cardio-vascular renal disease

(c) Diabetes Mellitus

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec 8, 19 57, to Dec 10, 19 57, that I last saw the deceased alive on Dec 10, 19 57, and that death occurred at 3 45 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
A. L. Welker, M.D.	Havre de Grace, Md.	12-10-57

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 12-1957	Calvary Cemetery	Aberdeen R.D. Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 11-1957	A. L. Lewis M.D.	Henry Tarring and Sons	aberdeen md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

11.063

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Air, Rural
LENGTH OF STAY (In this place): 28 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Air Rural
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Lewis (Middle) David (Last) Hartley
4. DATE OF DEATH: (Month) December (Day) 3 (Year) 1951
5. SEX: M
6. COLOR OR RACE: W
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH: Sept 28-1877
9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Self Employed
10b. KIND OF BUSINESS OR INDUSTRY: Painter
11. BIRTHPLACE (State or foreign country): Va
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Calvin H Hartley
14. MOTHER'S MAIDEN NAME: Sallie Ward
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs Callie H Hartley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma Prostate, metastatic — 8 mo.

177X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

51b (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Parkinson's Disease — 5 yrs

19a. DATE OF OPERATION: Aug 1, 1951
19b. MAJOR FINDINGS OF OPERATION: Carcinoma prostate with invasion bladder
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1951, to Dec 3, 1951, that I last saw the deceased alive on Dec 2, 1951, and that death occurred at 3 A m., from the causes and on the date stated above.

SIGNATURE: Gerald C Palmer (Degree or title) M D — ADDRESS: Bel Air, Md. — DATE SIGNED: 12/3/51

23. BURIAL, CREMATION, REMOVAL (Specify): [illegible] — DATE THEREOF: Dec 5/51 — NAME OF CEMETERY OR CREMATORY: Bel Air Memorial Cemetery — LOCATION (City, town, or county) (State): Bel Air Harford Md

DATE REC'D BY LOCAL REG.: 12/3/51 — REGISTRAR'S SIGNATURE: Priscilla Fonwood — 24. FUNERAL DIRECTOR: Jos S Foster Bel Air — ADDRESS: Md

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

1951

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Rural | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Post Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Rural
STREET ADDRESS (If rural, give location) Old Post Road.

3. NAME OF DECEASED (Type or Print): (First) Bettie (Middle) Lee (Last) Haskins Graham
4. DATE OF DEATH: (Month) December (Day) 16 (Year) 1951

5. SEX: Female | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married | 8. DATE OF BIRTH: Aug. 11-1906 | 9. AGE last birthday: 45 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Home | 11. BIRTHPLACE (State or foreign country): Virginia | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lee Haskins | 14. MOTHER'S MAIDEN NAME: Liza Jones.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. — | 17. INFORMANT AND ADDRESS: Henry W. Graham - aberdeen md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — 1 hour.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
94a
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ___.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Harold C Palmer my Deputy Med. Examiner for Co. Md. 12/17/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Dec. 21-1951 | NAME OF CEMETERY OR CREMATORY: Mt. Calvary Cemetery | LOCATION (City, town, or county) (State): aberdeen maryland.

DATE REC'D BY LOCAL REG. 12-20-51 | REGISTRAR'S SIGNATURE: [illegible] | 24. FUNERAL DIRECTOR | ADDRESS: Henry Jarring and Sons aberdeen maryland.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

1221x

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Street, Rural
LENGTH OF STAY (In this place) 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Street, Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) George (Middle) W. (Last) Hoback

4. DATE OF DEATH (Month) Dec. (Day) 26 (Year) 1951

5. SEX Male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH Dec. 25 1884
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal miner
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Wayne Co. W. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Robert Hoback
14. MOTHER'S MAIDEN NAME Polly Kennedy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mary Hoback - 1516 Light St. Balt. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Exposure to [illegible]

933.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

190 (c)

INTERVAL BETWEEN ONSET AND DEATH —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Lane
(CITY OR TOWN) Street (COUNTY) Harford (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 12/28/51 4 m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? [illegible]

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible] Deputy Medical Examiner Harford Co. [illegible]

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec. 31 - 1951
NAME OF CEMETERY OR CREMATORY Flintwood cem.
LOCATION (City, town, or county) (State) Flintwood, Va.

DATE REC'D BY LOCAL REG. 12/28/51
REGISTRAR'S SIGNATURE Priscilla Fourwood
24. FUNERAL DIRECTOR Hubert P. Hachina ADDRESS Delta, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Harford — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Rural
STREET ADDRESS (If rural, give location) Churchville

3. NAME OF DECEASED (Type or Print): (First) George (Middle) R. (Last) Holland

4. DATE OF DEATH: (Month) Dec (Day) 3 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: Aug 6th 1865

9. AGE last birthday: 86 yrs.
If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Employed Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm. Holland

14. MOTHER'S MAIDEN NAME: Married Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Wm. T. Holland - Havre de Grace Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Cardiac Failure — Interval Between Onset and Death: 7 days

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

420.1 (c) Arteriosclerotic Heart disease & Coronary Sclerosis ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/5, 19 51, to 12/2, 19 51, that I last saw the deceased alive on 12/2, 19 51, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) George T. Stansbury M.D. ADDRESS Havre de Grace Md. DATE SIGNED 12/5/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Dec. 6-1951 | NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery | LOCATION (City, town, or county) (State): Aberdeen Maryland

DATE REC'D BY LOCAL REG.: Dec. 6-51 | REGISTRAR'S SIGNATURE: Edna G. Terry

24. FUNERAL DIRECTOR ADDRESS: Henry Tarring and Sons Aberdeen Maryland

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BU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 18

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Bel air
LENGTH OF STAY (in this place) 8 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford County Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen - Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) JESSE (Middle) (Last) ISLES
4. DATE OF DEATH: (Month) (Day) (Year) Dec 16 1951
5. SEX: Male
6. COLOR OR RACE: wh
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Feb 28, 1883
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labour
10b. KIND OF BUSINESS OR INDUSTRY: ?
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: Jesse Isles
14. MOTHER'S MAIDEN NAME: Pearl Ewing
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Clark Fitzpatrick, Fallston, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Embolism — 30 min

DUE TO

Antecedent cause(s) (b) Thrombophlebitis of femoral + int iliac vein

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c) Carcinoma of glans penis with metastasis to inguinal glands.

179X

51d

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1951, to Dec 16, 1951, that I last saw the deceased alive on Dec 13, 1951, and that death occurred at 6:a m., from the causes and on the date stated above.

SIGNATURE Willard P. Hudson (DEGREE OR TITLE) M.D. ADDRESS Forest Hill Md DATE SIGNED 12-16-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 12/18/51
NAME OF CEMETERY OR CREMATORY County Home
LOCATION (City, town, or county) Bel Air. Harford (State) Md
DATE REC'D BY LOCAL REG. 12/17/51
REGISTRAR'S SIGNATURE Priscilla Lowood
24. FUNERAL DIRECTOR H. K. McComas & Son. Abingdon ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/AID 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 735 Antario Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural give location) 735 Antario Street

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Allen (Last) Jobes

4. DATE OF DEATH (Month) Dec. (Day) 29 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH June 14 1869
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired (yard master)
10b. KIND OF BUSINESS OR INDUSTRY Penn. Railroad
11. BIRTHPLACE (State or foreign country) Havre de Grace Maryland
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME Joseph Allen Jobes
14. MOTHER'S MAIDEN NAME Caroline Roe Jobes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. W. A. Jobes 735 Antario St.

18. MEDICAL CERTIFICATION Havre de Grace, Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage

422.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio-Vascular disease

93d (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-27, 1951, to 12-29, 1951, that I last saw the deceased alive on 12-29, 1951, and that death occurred at 7 40 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] ADDRESS Havre de Grace Md. DATE SIGNED 1-1-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Jan. 1 1952
NAME OF CEMETERY OR CREMATORY Angel Hill Cemetery
LOCATION (City, town, or county) Havre de Grace (State) Md.

DATE REC'D BY LOCAL REG. Jan. 1-1952
REGISTRAR'S SIGNATURE T. L. Lewis M. D.
24. FUNERAL DIRECTOR R. Madison Mitchell ADDRESS Havre de Grace Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 3 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1-85-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural - Websters Corner

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace Rural
STREET ADDRESS (If rural, give location) Webster Corner

3. NAME OF DECEASED (Type or Print): (First) Ursula (Middle) Walker (Last) Keen
4. DATE OF DEATH: (Month) 12 (Day) 1 (Year) 1951
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Aug. 2nd 1884
9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Music teacher
10b. KIND OF BUSINESS OR INDUSTRY: Self employed
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William J. Keen
14. MOTHER'S MAIDEN NAME: Hunia L. Walker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS: Thelma M. Payne - Havre de Grace Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension - Cardio-Vascular

(c) Chronic Myocarditis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-6, 1936, to 12-1, 1951, that I last saw the deceased alive on 11-1, 1951, and that death occurred at 9:30? A.m., from the causes and on the date stated above.

SIGNATURE A. Keen MD (Degree or title) ADDRESS DATE SIGNED 12-3-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Dec. 3rd 1951 | NAME OF CEMETERY OR CREMATORY Wesleyan Chapel Cemetery | LOCATION (City, town, or county) Aberdeen Md. (State)

DATE REC'D BY LOCAL REG. Dec. 3-1951 | REGISTRAR'S SIGNATURE A. L. Lewis M. D. | 24. FUNERAL DIRECTOR Henry Herring & Sons - Aberdeen Maryland ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Kalmia
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kalmia
STREET ADDRESS (If rural, give location) Mechanicsville

3. NAME OF DECEASED: (Type or Print) (First) Gladys (Middle) Irene (Last) Kirk

4. DATE OF DEATH: (Month) December (Day) 8 (Year) 19 51

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
f	W	M	Jan 19 1910	41 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Wife	at Home	Joppa - Md	U S -

13. FATHER'S NAME: Henry Beauty

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Frank Kirk Jr

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiovascular renal disease DUE TO Hypertension	1 year
442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last 131a	(b) DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/1, 1950, to 12/8, 1951, that I last saw the deceased alive on 12/7, 1951, and that death occurred at 6 A.M. m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Gerald C Palmer	MD	Bel Air Md.	12/8/51

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-10-51	Bel Air Mem. Gardens	Bel Air Harford Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-8-51	Priscilla Towood	Jos. T Foster	Bel Air Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford Co. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fallston Md; LENGTH OF STAY (in this place) 25 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural, give location) Joppa Md.

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Hanna (Last) Pyle

4. DATE OF DEATH: (Month) Dec. (Day) 30 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: Nov. 17 - 1871

9. AGE last birthday: 00 yrs. If under 1 year: Months; If under 24 hrs.: Days; Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Retired

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? The U.S.A.

13. FATHER'S NAME: Hanna Pyle

14. MOTHER'S MAIDEN NAME: Anna Pyle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Mrs. Florence M. Pyle Joppa Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 3 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (1) 117a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gastric ulcer — 7 yrs.

19a. DATE OF OPERATION: 1949

19b. MAJOR FINDINGS OF OPERATION: Gastrectomy (Partial)

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

INJURY OCCURRED While at Work ☐ Not While At work? ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 7, 1941, to Dec. 30, 1951, that I last saw the deceased alive on 12/30, 1951 and that death occurred at 4:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Clifford F. Judson M.D. ADDRESS Fork Md. DATE SIGNED 12/30/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Jan 2-1952

NAME OF CEMETERY OR CREMATORY: Emanuel Cem.

LOCATION (City, town, or county): Upper Fairmount (State): Md.

DATE REC'D BY LOCAL REG. 12-31-51

REGISTRAR'S SIGNATURE: Priscilla Foxwood

24. FUNERAL DIRECTOR: C. E. Ostrum ADDRESS: Fork Md.

12225

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 185 -

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre De Grace Md
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington, Md.
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Luther R Little

4. DATE OF DEATH (Month) (Day) (Year) Dec 21 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Dec 21, 1932
9. AGE last birthday 19 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Welder
10b. KIND OF BUSINESS OR INDUSTRY Ship Yard
11. BIRTHPLACE (State or foreign country) Harford Co., Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Oliver N. Little
14. MOTHER'S MAIDEN NAME Carrie H. Cooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 218-28-4609
17. INFORMANT AND ADDRESS Mr Oliver N. Little

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Fracture Skull	2 hrs
16.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
170 c	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture pelvis, multiple — 2 hrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) 12/21/51 41 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto accident. Auto Anthyle

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry therean and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident X, suicide , homicide , undetermined .*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Gerald C. P. [illegible] M.D. Deputy Medical Examiner Harford Co. B.S. Air Md. 12/21/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec. 26, 1951
NAME OF CEMETERY OR CREMATORY Tabernacle Cem
LOCATION (City, town, or county) Harford Co. (State) Md

DATE REC'D BY LOCAL REG. Dec. 24, 1951
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR H. S. Bailey ADDRESS Darlington, Maryland.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15A

RECEIVED
1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kalmia
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kalmia
STREET ADDRESS ✓ (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) G (Last) LOCHARY

4. DATE OF DEATH: (Month) Dec (Day) 21 (Year) 1951

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Mar 24 1877

9. AGE Last birthday: 74 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Self Employed Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Retired 12 years

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Thomas Lochary

14. MOTHER'S MAIDEN NAME: Cassandra Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Susan H Lochary Bel Air Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Ac Congestive Heart Failure — Interval Between Onset And Death: 20 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (b) Chr Hypertensive Cardio-Vascular Disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 18, 1951, to Dec 21, 1951, that I last saw the deceased alive on Nov 29, 1951, and that death occurred at 3:30 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Willard P. Hudson M.D Forest Hill Md 12-22-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF Dec 24/51 — NAME OF CEMETERY OR CREMATORY St Ignatius — LOCATION (City, town, or county) (State) Hickory Harford Md

DATE REC'D BY LOCAL REG. 12/23/51 — REGISTRAR'S SIGNATURE Priscilla Truwood

24. FUNERAL DIRECTOR Joseph A Foster Bel Air Md — ADDRESS

VS-115 8-51

RECEIVED
DEC 27 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel-Air, Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Bel Air
STREET ADDRESS (If rural, give location) Kalmia

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) EDGAR Monroe MARION
4. DATE OF DEATH: (Month) (Day) (Year) Dec. 6 1951

5. SEX: Male
6. COLOR OR RACE: Wh
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 2, 1908
9. AGE last birthday: 43 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Army Chemical Center
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sulvin Co., Tenn
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edgar K Marion
14. MOTHER'S MAIDEN NAME: Oram Marion

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: 215-16-9044
17. INFORMANT & ADDRESS: Mrs Helen Marion

18. MEDICAL CERTIFICATION Bel-Air Md Rural

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	CEREBRAL HEMORRHAGE	60 hrs
331 X	DUE TO		
Antecedent cause(s)	(b)	MALIGNANT HYPERTENSION	7
83a Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 3 1951, to Dec. 6, 1951, that I last saw the deceased alive on Dec 4, 1951, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

SIGNATURE Willard P. Hudson, M.D. (DEGREE OR TITLE) ADDRESS Forest Hill, Md DATE SIGNED 12/6/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF Dec. 9, 1951 NAME OF CEMETERY OR CREMATORY Bel-Air Memorial Park LOCATION (City, town, or county) Harford Co., Md (State)

DATE REC'D BY LOCAL REG. Dec. 8, 1951 REGISTRAR'S SIGNATURE Priscilla Forwood
24. FUNERAL DIRECTOR H. S. Bailey ADDRESS Darlington, Md.

VVV-91

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
DEC 13 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Street, Rural
LENGTH OF STAY (in this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Street, Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Ellen (Middle) C (Last) McCausland

4. DATE OF DEATH (Month) Dec. (Day) 30 (Year) 19 51

5. SEX Female | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow | 8. DATE OF BIRTH May 25. 1873 | 9. AGE last birthday 78 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Harford Co. Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Cunningham | 14. MOTHER'S MAIDEN NAME Mary Ellen Chipman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT AND ADDRESS Alvin McCausland - 62 1/2 Bungarow Ave. Castle. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Embolism — 10 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture of L Hip — 10 wks.

1951 1812

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION Oct. 18, 1951 | 19b. MAJOR FINDINGS OF OPERATION Fractured Hip — Nailed | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) Oct (Day) 15 (Year) 51 (Hour) 7 p. m. | INJURY OCCURRED While at Work ☐ Not While At work ☑ | HOW DID INJURY OCCUR? Fell down Steps at Home

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on 12-30, 19 51, and that death occurred at 8 A. m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED
Malcolm Dudley Phillips M.D | Darlington Md | 12/31/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Jan. 2-1952 | NAME OF CEMETERY OR CREMATORY Southern cemetery | LOCATION (City, town, or county) Dublin | (State) Maryland.

DATE REC'D BY LOCAL REG. 12/31/51 | REGISTRAR'S SIGNATURE Priscilla Fawood | 24. FUNERAL DIRECTOR Hubert P. Hackman | ADDRESS Delta, Pa.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

12229

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 81

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perryman
LENGTH OF STAY (In this place): about 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perryman
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Helen (Middle) J. (Last) McGaw
4. DATE OF DEATH: (Month) Dec. (Day) 3 (Year) 1951
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: July 18-1867
9. AGE last birthday: 84 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Invalid
10b. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.H.
13. FATHER'S NAME: James W. McGaw
14. MOTHER'S MAIDEN NAME: Phoebe E. Courtney
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Mrs Fay F. Towner - Perryman Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of st. breast. In all prob-
170X Antecedent cause(s) (b) ability a condition of general Carcinomatosis
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
50 (c) very rapid grower

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1951, to Dec. 3, 1951, that I last saw the deceased alive on Dec. 3, 1951, and that death occurred at 4.15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): N. S. Holloway, M.D. — ADDRESS: Perryman, Md. — DATE SIGNED: 12/4/51.

23. BURIAL, CREMATION OR MOVAL (Specify): Burial
DATE THEREOF: Dec. 5th 1951
NAME OF CEMETERY OR CREMATORY: Grove Presby. Cemetery
LOCATION (City, town, or county) (State): Aberdeen, Maryland.
DATE REC'D BY LOCAL REG.: Dec. 5-51
REGISTRAR'S SIGNATURE: Nellie J. Perry
24. FUNERAL DIRECTOR — ADDRESS: Henry Tarring & Sons - Aberdeen, Maryland.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12230

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 140 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 507 Juniata St

3. NAME OF DECEASED (Type or Print): (First) Griffin (Middle) Randall (Last) Mitchell

4. DATE OF DEATH: (Month) Dec. (Day) 10 (Year) 57

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 2 1896

9. AGE last birthday: 55 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gun assembler

10b. KIND OF BUSINESS OR INDUSTRY: A.P.G. Md.

11. BIRTHPLACE (State or foreign country): Harford Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Griffin Wm Mitchell

14. MOTHER'S MAIDEN NAME: Carrie Virginia Kennedy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 212-14-8845

17. INFORMANT AND ADDRESS: Mrs. Helen Gladys Mitchell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary Occlusion

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

Hta (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 19 57, to Dec 10, 19 57, that I last saw the deceased alive on Dec 10, 19 57 and that death occurred at 6:45 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. L. Lewis M.D. — ADDRESS Havre de Grace Md — DATE SIGNED Dec. 12-57

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Dec. 17, 1957 — NAME OF CEMETERY OR CREMATORY: Rock Run — LOCATION (City, town, or county): Harford Co. — (State): Md.

DATE REC'D BY LOCAL REG.: Dec. 12-1957 — REGISTRAR'S SIGNATURE: C. L. Lewis M. D. — 24. FUNERAL DIRECTOR: K. Madison Mitchell — ADDRESS: Havre de Grace Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace | LENGTH OF STAY (in this place) 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Mem. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Hill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Howard (Middle) S. (Last) Mitchell

4. DATE OF DEATH: (Month) Dec (Day) 24 (Year) 1951

5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married | 8. DATE OF BIRTH: Mar 18 1881 | 9. AGE last birthday: 70 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer | 10b. KIND OF BUSINESS OR INDUSTRY: Farm | 11. BIRTHPLACE (State or foreign country): Bath Md | 12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Frank Mitchell | 14. MOTHER'S MAIDEN NAME: Maria S Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 213-10-8453 | 17. INFORMANT AND ADDRESS: Clara Jennie Patton Mitchell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Artery Occlusion — few minutes

420,1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis — many yrs.

9-1a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Benign Prostatic Hypertrophy — many yrs.

19a. DATE OF OPERATION: none | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 22, 1951, to Dec 24, 1951, that I last saw the deceased alive on Dec 24, 1951, and that death occurred at 11:45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. C. Weber M.D. Harford Mem. Hosp. Havre de Grace Md. 12-24-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Dec 27/51 | NAME OF CEMETERY OR CREMATORY: Bantu Methodist | LOCATION (City, town, or county) (State): Forest Hill Harford Md

DATE REC'D BY LOCAL REG. Dec. 28-1951 | REGISTRAR'S SIGNATURE: A. L. Lewis M. D. | 24. FUNERAL DIRECTOR: Joseph J. Fisher | ADDRESS: Bel Air Md

12232

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH — COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 456 Green Street

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 456 Green Street

3. NAME OF DECEASED (Type or Print) (First) Oleta (Middle) (Last) Mitchell
4. DATE OF DEATH (Month) Dec. (Day) 1 (Year) 1951
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Nov. 1 - 1870
9. AGE last birthday 81 yrs. — If under 1 year Months Days — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Havre de Grace
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Joseph Horton
14. MOTHER'S MAIDEN NAME Rebecca Hamby
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) no
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS M. Charles W. Mitchell 456 Green St. Havre de Grace

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage (acute)

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Nephritis -

312 (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-27 1951, to 12-1, 1951, that I last saw the deceased alive on 11-30, 1950 and that death occurred at 5 A.M. from the causes and on the date stated above.

SIGNATURE A. L. Lewis M.D. (Degree or title) ADDRESS Havre de Grace Md. DATE SIGNED 12-1-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF Dec. 4 1951 — NAME OF CEMETERY OR CREMATORY Angel Hill Cemetery — LOCATION (City, town, or county) Havre de Grace (State) Md.

DATE REC'D BY LOCAL REG. Dec. 1-1951 — REGISTRAR'S SIGNATURE A. L. Lewis M.D. — 24. FUNERAL DIRECTOR W. Madison Mitchell — ADDRESS Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
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U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 180

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Magnolia
LENGTH OF STAY (in this place) 30 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Magnolia
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Theodore (Middle) F (Last) Peters
4. DATE OF DEATH (Month) Dec (Day) 24 (Year) 1951
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Oct 8, 1873
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer, Retired
10b. KIND OF BUSINESS OR INDUSTRY U.S. Govt.
11. BIRTHPLACE (State or foreign country) Harford Co Md
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Joseph Peters
14. MOTHER'S MAIDEN NAME Rachel Giles
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Hannah Peters Magnolia Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic C Vdisease

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Gerald C Palmer M.D. Deputy Medic. Examiner Harford County Bay Air Md 12/24/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec 27, 1951
NAME OF CEMETERY OR CREMATORY Ebenezer
LOCATION (City, town, or county) Magnolia Harford (State) Md

DATE REC'D BY LOCAL REG. Dec 27 1951
REGISTRAR'S SIGNATURE Marie M. Moulsdale
24. FUNERAL DIRECTOR Howard R. McComas & Son ADDRESS
Abingdon Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Harford; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air Rural; LENGTH OF STAY (In this place) 18 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air Rural; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Adolphe (Middle) Adrian (Last) Pons

4. DATE OF DEATH: (Month) Dec. (Day) 26 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Nov. 11, 1883

9. AGE last birthday: 68 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Horse Breeder

10b. KIND OF BUSINESS OR INDUSTRY: Thoroughbred horses

11. BIRTHPLACE (State or foreign country): France

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Adrian Fleur Pons

14. MOTHER'S MAIDEN NAME: Elizabeth Segnere

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Adolphe Pons Jr. Bel Air Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 4 days.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Thrombosis — 5 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar., 1946, to Dec. 25, 1951, that I last saw the deceased alive on Dec. 25, 1951, and that death occurred at 8:15 P. m., from the causes and on the date stated above.

SIGNATURE: Charles Richardson Jr. (Degree or title) M. D. ADDRESS Bel Air Md DATE SIGNED Dec. 25, 51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Dec 28, 1951 | NAME OF CEMETERY OR CREMATORY: St. Ignatius Cemetery | LOCATION (City, town, or county) (State): Hickory (Bel Air) Md

DATE REC'D BY LOCAL REG. 12/26/51 | REGISTRAR'S SIGNATURE: Priscilla Forword | 24. FUNERAL DIRECTOR: W. A. Archer | ADDRESS: Benson Md

RECEIVED
DEC 28 1951
BUREAU V. S.

12235

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Edna (Middle) Ellis (Last) Pyle
4. DATE OF DEATH: (Month) Dec. (Day) 1 (Year) 1951
5. SEX: F
6. COLOR OR RACE: White
7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Married
8. DATE OF BIRTH: Sept 17 1892
9. AGE last birthday: 59 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Harford Co, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Adam G. Halbeck
14. MOTHER'S MAIDEN NAME: Cora A. Clelenette
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No | (If yes, give war or dates of):
16. SOCIAL SECURITY NO.: No
17. INFORMANT AND ADDRESS: Mr. F A Pyle

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Bel-air, Md, Rural

Immediate cause (a) Cancer of bladder.

181X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

52 (c)

INTERVAL BETWEEN ONSET AND DEATH: 5 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Recto-vesicle fistula.
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 23, 19 51, to December 1, 19 51, that I last saw the deceased alive on November 30, 19 51, and that death occurred at 4 p.m., from the causes and on the date stated above.

SIGNATURE: Robt Bartlett (Degree or title) M.D. ADDRESS: Forest Hill, Maryland DATE SIGNED: 12-3-51

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify): Burial
DATE THEREOF: Dec 4 1951
NAME OF CEMETERY OR ~~CREMATORY~~: Deer Creek Cem
LOCATION (City, town, or county) (State): Harford Co, Md.
DATE REC'D BY LOCAL REG.: Dec 3 1951
REGISTRAR'S SIGNATURE: Priscilla Forwood
24. FUNERAL DIRECTOR: H. S. Bailey
ADDRESS: Darlington, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Whitefoot, Rural
LENGTH OF STAY (in this place): 7 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Whitefoot, Rural
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): James Linkous Ramsburg

4. DATE OF DEATH (Month) (Day) (Year): Dec. 28 1951

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: May 7-1951
9. AGE last birthday: yrs. If under 1 year: Months 7 Days 21 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Havre de Grace, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Gilmer Ramsburg
14. MOTHER'S MAIDEN NAME: Bessie Linkous

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Gilmer Ramsburg, Whitefoot, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Tracheo bronchitis — 24 h

500X Antecedent cause(s) (b)

106a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Mongolism.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1951, to Dec 28 1951, that I last saw the deceased alive on Dec 28 1951, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE: Jonah A. Hunt M.D. (Degree or title) ADDRESS: Delta Pa. DATE SIGNED: 12/29/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Dec. 30-1951
NAME OF CEMETERY OR CREMATORY: State Ridge cemetery
LOCATION (City, town, or county) (State): Delta, Pa.

DATE REC'D BY LOCAL REG.: 12/29/51
REGISTRAR'S SIGNATURE: Priscilla Fowler
24. FUNERAL DIRECTOR: Hubert P. Harkins ADDRESS: Delta, Pa.

20 5751 [illegible] 405

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12237

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-45

1. PLACE OF DEATH: COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Del Air; MARYLAND; LENGTH OF STAY (in this place) 2 Mo.; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY HARF-RD; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN JARRETTSVILLE (Rural); STREET ADDRESS (If rural, give location) ROCKS R.D Md

3. NAME OF DECEASED (Type or Print): (First) REBECCA (Middle) JANE (Last) REDY

4. DATE OF DEATH: (Month) December (Day) 25, (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: Oct 24 1990

9. AGE last birthday: 65 yrs. If under 1 year: Months 2, Days 1; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): ASH, Co, N.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JAMES ANDREW JONES

14. MOTHER'S MAIDEN NAME: SUSANNE POWERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) —; (If year, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: ROGER REDY Rocks, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	1½ hours
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Atherosclerosis	Unknown
	(c) Essential Hypertension	10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —

(CITY OR TOWN) (COUNTY) (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

Did not attend.

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on Dec. 25, 1951, and that death occurred at 1 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robt F Barthel M.D. Forest Hill, Maryland Dec. 25, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE: Dec 26-51; NAME OF CEMETERY OR CREMATORY: Deer Creek; LOCATION (City, town, or county) (State): Chestnut Hill Harford Md

DATE REC'D BY LOCAL REG. 12/25/51; REGISTRAR'S SIGNATURE: Lucille Fawood

24. FUNERAL DIRECTOR ADDRESS: Martin G Kurtz Jarrettsville Md

RECEIVED
DEC 28 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age if especially important. Physicians: please write the causes of death clearly and legibly.

VS A15A

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Churchville Rural — LENGTH OF STAY (In this place): — HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Harford — ~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Churchville Rural — STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Harold (Middle) M. (Last) Reese

4. DATE OF DEATH: (Month) Dec. (Day) 20, (Year) 1957

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): Single

8. DATE OF BIRTH: Oct. 2, 1951

9. AGE last birthday: yrs. 2 — If under 1 year: Months — Days 18 — If under 24 hrs: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Harford Co, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Warren Reese

14. MOTHER'S MAIDEN NAME: Martha Ruff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: No

17. INFORMANT AND ADDRESS: Mr. Warren Reese

18. MEDICAL CERTIFICATION — Bel-Air, Md. Rural

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — (c)

41 x 107

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Umbilical Hernia (large) —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ___, homicide ___, undetermined ___.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gerald C Palmer M D Deputy Medical Examiner Harford Co Bel Air Md. 12 X

23. BURIAL, CREMATION, Removal (Specify) — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) — (State)

Burial Dec. 22 1957 Clarks Chapel Cem Harford Co Md

DATE REC'D BY LOCAL REG. Dec. 21, 1957 — REGISTRAR'S SIGNATURE C. H. Kirk — 24. FUNERAL DIRECTOR — ADDRESS

H. L. Bailey Darlington, Md.

RECEIVED
JAN 1972
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Harford Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fallston
LENGTH OF STAY (In this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Friendship Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fallston
STREET ADDRESS (If rural give location) Friendship Rd.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) E. (Last) Smith

4. DATE OF DEATH: (Month) Dec (Day) 16 (Year) 1951

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed.

8. DATE OF BIRTH: July 24 1870

9. AGE last birthday: 81 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Track Worker

10b. KIND OF BUSINESS OR INDUSTRY: B & O. R.R.

11. BIRTHPLACE (State or foreign country): Balto Co Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Conrad Smith

14. MOTHER'S MAIDEN NAME: Louisa Weinreich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-12-2943

17. INFORMANT: Mrs. Maurice Fitch, Friendship Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart Failure — Interval between onset and death: 2 wks.

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

420.1
940a

(b) Coronary Sclerotic Heart Dis. 1 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/2, 1951, to 12/16, 1951, that I last saw the deceased alive on 12/16, 1951, and that death occurred at 3:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Clifford F. Hudson, M.D. Fork, Md. 12/17/51

BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 12/18/51

NAME OF CEMETERY OR CREMATORY: Campchapel Cem.

LOCATION (City, town, or county) (State): Balto. Co. Md

DATE REC'D BY LOCAL REG.: 12/17/51

REGISTRAR'S SIGNATURE: A W Heckrotte

24. FUNERAL DIRECTOR ADDRESS: Jacobson Funeral Home 7401 Belair Rd.

JT

970-506

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Madonna — LENGTH OF STAY (in this place): 88 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Madonna
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Laura (Middle) Virginia (Last) Smith
4. DATE OF DEATH: (Month) Dec. (Day) 10 (Year) 1951
5. SEX: F.
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow
8. DATE OF BIRTH: Feb. 25, 1863
9. AGE last birthday: 88 yrs. — If under 1 year: Months 9, Days 15 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Madonna, Harford Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Nelson Tittle
14. MOTHER'S MAIDEN NAME: Sarah Jones
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Clarence Smith, White Hall, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumonia, orta static — 1 week

4:10 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic - Hypertensive Heart Disease — 25 year

93d (c) Senility

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

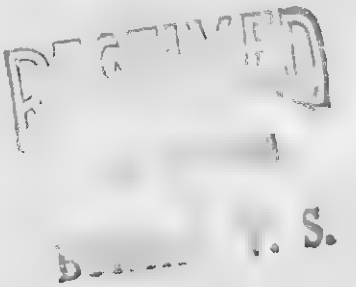
21. ACCIDENT SUICIDE HOMICIDE (Specify): — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN, 1949, to Dec 1, 1951, that I last saw the deceased alive on Dec 1, 1951, and that death occurred at 12.30 A.m., from the causes and on the date stated above.

SIGNATURE: T. James Thomison, Jr. (Degree or title) — ADDRESS: Jarrettsville, Md. — DATE SIGNED: 12/12/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Dec. 13, 1951 — NAME OF CEMETERY OR CREMATORY: Mt. Joy — LOCATION (City, town, or county) (State): Sheppards Corner, Baltimore Co. Md.

DATE REC'D BY LOCAL REG.: 12/14/51 — REGISTRAR'S SIGNATURE: Priscilla Fourwood — 24. FUNERAL DIRECTOR: Martin G. Kurtz, Jarrettsville, Md — ADDRESS:



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12240

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS: A15

1. PLACE OF DEATH
COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE de GRACE
LENGTH OF STAY (in this place) 2 1/2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ABERDEEN
STREET ADDRESS (If rural, give location) 5 Post Rd.

3. NAME OF DECEASED (Type or Print) (First) E. Viola (Middle) (Last) Storch

4. DATE OF DEATH (Month) (Day) (Year) DECEMBER 25 1951

5. SEX FEMALE

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH JAN. 1877

9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper

10b. KIND OF BUSINESS OR INDUSTRY Ret employee

11. BIRTHPLACE (State or foreign country) MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Boyd

14. MOTHER'S MAIDEN NAME Annie Sampson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 215-16-9068

17. INFORMANT AND ADDRESS Mrs Annie M. Elliott Aberdeen Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Insufficiency

5x1.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 124x (b) Hypertrophied Cerebrosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-2, 19 24, to Dec. 25, 1951, that I last saw the deceased alive on 12-25, 1951, and that death occurred at 5-45 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) L. L. Lewis M.D. ADDRESS Havre de Grace Md DATE SIGNED Dec. 27-57

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Dec. 28-1951

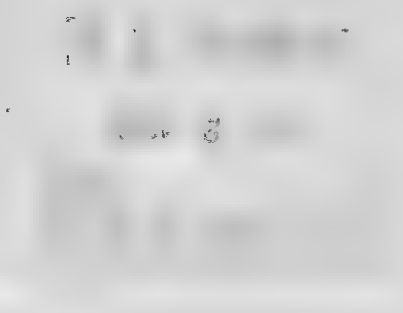
NAME OF CEMETERY OR CREMATORY Grove Presby. Cemetery

LOCATION (City, town, or county) (State) aberdeen, maryland.

DATE REC'D BY LOCAL REG. Dec. 27-57

REGISTRAR'S SIGNATURE L. L. Lewis M. D.

24. FUNERAL DIRECTOR Henry Harding ADDRESS 2nd Ave Aberdeen maryland.



VS. A15

BEGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington, Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington, Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Johan (Middle) Alfred (Last) Svensson

4. DATE OF DEATH: (Month) Dec. (Day) 15 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): Married

8. DATE OF BIRTH: Unknown

9. AGE last birthday: 84 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanical Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Plans for Machine Tools

11. BIRTHPLACE (State or foreign country): Sweden

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Olaf Svensson

14. MOTHER'S MAIDEN NAME: Joanna Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 199-07-6710A

17. INFORMANT AND ADDRESS: Mrs. Anna Svensson Darlington, Md. Rural

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypostatic Pneumonia — Interval between onset and death: 4 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) old age

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

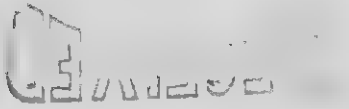
22. I hereby certify that I attended the deceased from June, 1949, to Dec. 15, 1951, that I last saw the deceased alive on Dec. 13, 1951, and that death occurred at 2 4. m., from the causes and on the date stated above.

SIGNATURE: Malcolm Quiney (Degree or title) MD ADDRESS: Darlington Md DATE SIGNED: 12/17/51

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify): Burial — DATE THEREOF: Dec. 17/1951 — NAME OF CEMETERY OR CREMATORY: Broad Creek Cem — LOCATION (City, town or county): Harford Co. (State): Md.

DATE REC'D BY LOCAL REG.: Dec. 16 1951 — REGISTRAR'S SIGNATURE: C. H. Kirk

24. FUNERAL DIRECTOR: H. S. Bailey — ADDRESS: Darlington Md.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel-Air Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel-Air Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) (Last) Thompson

4. DATE OF DEATH: (Month) December (Day) 6 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): Single
8. DATE OF BIRTH: 1883
9. AGE last birthday: 68 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer on Rail Road
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY? H.S.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: 717-09-7861
17. INFORMANT & ADDRESS: Mrs Bessie Walters

18. MEDICAL CERTIFICATION Bel-Air, Md. R.D.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Arteriosclerotic CV disease
DUE TO
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)
422.1
92d

INTERVAL BETWEEN ONSET AND DEATH: 3 mo

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/1, 1951, to 12/6, 1951, that I last saw the deceased alive on 12/6, 1951, and that death occurred at 7 P m., from the causes and on the date stated above.

SIGNATURE Gerald C Palmer (DEGREE OR TITLE) MD ADDRESS Bel Air Md. DATE SIGNED 12/7/51

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify): Burial
DATE THEREOF Dec. 15, 1951
NAME OF CEMETERY OR CREMATORY Darlington Cem
LOCATION (City, town, or county) Harford Co. (State) Md.

DATE REC'D BY LOCAL REG. Dec. 12, 1951
REGISTRAR'S SIGNATURE Priscilla Lowood
24. FUNERAL DIRECTOR H. S. Bailey ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
DEC
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fallston
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) UNKNOWN

4. DATE OF DEATH (Month) (Day) (Year) December 23 1951

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH

9. AGE last birthday 50 ? yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Unknown (only skeletal remains)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒.*

SIGNATURE William V. Lovett (Degree or title) ADDRESS 700 Fleet St., Baltimore 2, Md. DATE SIGNED Jan. 9, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Cremated

DATE THEREOF April 15, 1952

NAME OF CEMETERY OR CREMATORY City Morgue

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 4-16-52

REGISTRAR'S SIGNATURE A. W. Hedrich

24. FUNERAL DIRECTOR [signature] ADDRESS

cmc

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

COPY SENT TO LEGAL REGISTRAR No. _____ DATE 4/17/52

RECEIVED
APR 16 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12243

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; LENGTH OF STAY (in this place) 25 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 360 Girard St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; STREET ADDRESS (If rural give location) 360 Girard St.

3. NAME OF DECEASED (Type or Print): (First) Elsie (Middle) Anne (Last) Ward

4. DATE OF DEATH: (Month) Dec. (Day) 15 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 4 1898

9. AGE last birthday: 53 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Cecil Co.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Wahlen

14. MOTHER'S MAIDEN NAME: Mary Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Mr. Raymond H. Ward

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pneumonia bilateral	2 days
170X Antecedent cause(s)	(b) Metastatic Carcinoma Lung	3 months
50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Carcinoma of Breast & Brain	2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 15, 19 51, to Dec. 15, 19 51, that I last saw the deceased alive on Dec 15, 19 51, and that death occurred at 2:40 P. m., from the causes and on the date stated above.

SIGNATURE. (Degree or title) ADDRESS DATE SIGNED

Lloyd L. Wachsman M.D. Havre de Grace Md 12/17/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: Dec. 18 1951

NAME OF CEMETERY OR CREMATORY: Pleasant Grove

LOCATION (City, town, or county) (State): Lancaster Co. Pa

DATE REC'D BY LOCAL REG.: Dec. 17 - 1951

REGISTRAR'S SIGNATURE: A. L. Lewis M. D.

24. FUNERAL DIRECTOR: H. Madison Mitchell

ADDRESS: Havre de Grace Md.

VS. A15

RECEIVED
DEC 20 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

12244

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Harford Co. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harford Co.; LENGTH OF STAY (In this place) 5 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Magnolia Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harford Co; STREET ADDRESS (If rural give location) Magnolia Rd.

3. NAME OF DECEASED (Type or Print): (First) Harvey (Middle) W. (Last) White

4. DATE OF DEATH: (Month) Dec (Day) 4 (Year) 19 57

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 19-1876

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Laborer. Retired 17 yrs

11. BIRTHPLACE (State or foreign country): Kent Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John W. White

14. MOTHER'S MAIDEN NAME: Elizabeth Dodson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 212-22-3912

17. INFORMANT: Mr Wise Balt Boy 317 Magnolia Rd. Joppa P.O.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) acute Pulmonary Edema	6 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute Congestive Heart Failure	1 Month
443X 932	(c) Hypertensive Cardiovascular Disease	10 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 2, 1941, to Dec 4, 1957, that I last saw the deceased alive on Dec 4, 1957, and that death occurred at 11:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Clifford F. Hudson, M.D. ADDRESS Fork Md. DATE SIGNED 12/6/57

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 12-7-1957

NAME OF CEMETERY OR CREMATORY Moreland Memorial Park

LOCATION (City, town, or county) Balto (State) Md

DATE REC'D BY LOCAL REG. 12-6-57

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS Lassahn Funeral Home 7401 Belair Rd.

180-105